

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011101

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1117

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in lb
6 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA Hospital

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN BLUE SPRINGS

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS Route 1 (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
LOUIS ELIE KECK

4. DATE OF DEATH

Month Day Year
February 24, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-17-96

9. AGE (last birthday)
66

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Independence, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Newton Keck

13b. MOTHER'S MAIDEN NAME
Mamie King

14. NAME OF HUSBAND OR WIFE
Gertrude Keck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT
Address
VA Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, lobar, left and bronchial pneumonia, right.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Renal carcinoma with metastasis to right and left lung, Adrenals, Mediastinal, Hilar and para-aortic lymph nodes,

DUE TO (c)

Kidney, Prostate, and posterior pelvic structures.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. - p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-18-62 to 2-24-62

Death occurred at 1:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

VAH Kansas City, Mo.

22c. DATE SIGNED

2-24-62

23a. BURIAL, CREATION, REMOVAL (Specify)

23b. DATE

2/27/1962

23c. NAME OF CEMETERY OR CREMATORY

St Marys Cem

23d. LOCATION (City, town, or county)

Independence Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Webb Funeral Home Blue Springs Mo

25. DATE RECD. BY LOCAL REG.

2-24-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Stephen Parker MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.